

County of Kaua'i Department of Public Works Wastewater Management Sewer Billing

Mail to: Wastewater Management 4444 Rice Street, Suite 500 Lihu'e, HI 96766 Phone: 241-4082 or 241-4216

Email to: pwww@kauai.gov

2023 Residential Sewer Utility Credit Application

	fications		YES	NO				
Do you receive sew	er service and a residential sewer	bill from the County of Kaua'i?						
Is your 2021 total ar								
We are (I am) not re	-							
Is this the only dwel								
Is this dwelling unit								
We are (I am) <u>not</u> d <u>IMPORTANT</u> :								
You are not eligib	<u>le</u> for the credit, if you have ans	ns to be eligible for the sewer credit progran swered "NO" on any of the above questions.						
Part II: Total Adjus	sted Gross Income for the 2021 INC	COME TAX YEAR.						
A. Enter your TOTA								
B. Enter your TOTA		_						
For proof of income, attach page 1 of your 2021 Federal Tax Return and pages 1 & 2 of your 2021 State Tax Return. Failure to attach copies of the tax forms will result in sewer credit disqualification.								
		the affidavit on the back of this application.						
Part III: Other Info			YES	NO				
			IES	NO				
are you are owner o								
To you pay for the s	cowor utility charace?							
	sewer utility charges?							
	, ,							
Part IV: Applicant	Information	Sewer Account No.						
Part IV: Applicant I	Information ame:							
Part IV: Applicant 1 Applicant's No. Sewer Reside	Information ame: ent Address:	Sewer Account No.						
Part IV: Applicant 1 Applicant's No. Sewer Reside Mailing Addre	Information ame: ent Address: ess	Sewer Account No Home/Cell Phone:						
Part IV: Applicant I Applicant's No. Sewer Reside Mailing Addre Name of Res Part V: Declaration	Information ame:ent Address:esseidential Owner:	Sewer Account No Home/Cell Phone: City/State/Zip:						
Part IV: Applicant I Applicant's Note 1 Sewer Reside 3 Mailing Addres 4 Name of Res Part V: Declaration Under penalty of penalty of penalty of penalty of penalty of penalty and I am benefiting	Information ame: ent Address: ess idential Owner: rjury, I hereby declare that I am a notify the Wastewater Manageme	Sewer Account No Home/Cell Phone: City/State/Zip: qualified residential sewer customer and the in nt, County of Kaua'i immediately if my annual iounty of Kaua'i to verify my income or other info	formation abov	e is true s \$40,000				
Part IV: Applicant I Applicant's Note Sewer Reside Mailing Addre Name of Res Part V: Declaration Under penalty of peand correct. I shall and I am benefiting	Information ame:ent Address:ess idential Owner: rjury, I hereby declare that I am a notify the Wastewater Manageme from this credit. I authorize the C State and/or Federal taxing authorize the C	Sewer Account No Home/Cell Phone: City/State/Zip: qualified residential sewer customer and the in nt, County of Kaua'i immediately if my annual iounty of Kaua'i to verify my income or other info	formation abov	e is true s \$40,000				

Deadline for submitting an application is January 2, 2023. Mail completed application and tax return copies to the above address postmarked no later than January 2, 2023, or email application and tax returns to pwww@kauai.gov, no later than 4:30pm, January 2, 2023. To insure health and safety of our associates and customers during the COVID-19 pandemic, the Wastewater Management Office will remained closed and no walk-in customers will be allowed.

ANY PERSON WHO FALSIFIES OR MISREPRESENTS ANY INFORMATION ON THIS APPLICATION OR FILES A FRAUDULENT APPLICATION, WITH THE INTENT TO DEFRAUD OR EVADE THE PAYMENT OF ANY PART OF HIS SEWER BILL, OR WHO IN ANY MANNER INTENTIONALLY DECEIVES THE COUNTY OF KAUA`I, WILL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH (K.C.C.25-13.9(g) / ORD. NO. 793)

SOCIAL SECURITY NUMBER: The applicant's social security number is requested for the purpose of establishing the identity of the applicant for Sewer Credit and maintaining a record of individual payments to customers. The request is authorized under the Federal Social Security Act (42 U.S.C.A. Sec. 405 (c) (2)). Disclosure is voluntary and will not affect the allowance of a claim for a Sewer Credit, but failure to disclose may result in a delay of processing the claim. If disclosed, social security numbers will not be subject to public access.

SELF- PRESCRIBING AFFIDAVIT

STA	ATE OF	HAWAI'I	aa			
CO	UNTY	OF KAUAʻI)	SS.			
т			under nevelty e	f nanium, hanaby ayyaan (an affinm)		
1, _		(Print Applicant's N		of perjury, hereby swear (or affirm)		
that	t the fo	llowing informa	ation is true and correct:			
	1.	I am a County of Kaua'i residential sewer customer.				
	2.	I was not required to file a personal income tax return under either the U.S. Internal Revenue Code of 1954, as amended or Chapter 235, H.R.S. or both.				
	3.	I was not required to file an Income Tax Return (please check either or both below): I was not required to file a Hawai'i State 2021 Income Tax Return. I was not required to file a Federal 2021 Income Tax Return.				
	4.	The income that I received from all sources for the calendar year 2021 did not exceed \$40,000.				
		ICANT				
	SIGNATURE:		DATE:			
(RE	QUIREI	ONLY IF APPLI	ICANT MAKES A MARK)			
WITNESS						
	SIGN	ATURE: _		DATE:		
	WITI					
	NAM	E:	(Print Witness Name)			
	XX/T/F/N	JECC	(Time Withess Fame)			
WITNESS ADDRESS:			PHONE NO			

<u>WARNING:</u> Any person who files a fraudulent application or attests to any false statement, with intent to defraud or to evade the payment of his/her sewer bill or any part thereof, or who in any manner intentionally deceives or attempts to deceive the County of Kaua'i to receive this sewer credit, shall be fined \$1,000 or imprisoned for not more than 1 year, or both.